U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

12546

John Etrice

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 /01 /2004 Through: 12 /31 /2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 02/-127

P.O. Box, Building and Room Number, if any

Name L. I. U. M A. LOCAL 773

Street P.O. BOX 25014 City the bes	FayV. Ne so	Street 1115 E	(1770 MAIN St.
		city Marion	62959
State I/ ZIP Co. 5. Position in labor organization.	ode + 4	State I/	ZIP Code + 4
Enter appropriate data below if, during the past in (exc.	ept as specified in the exclus	sions set forth in the instructio	ns):
monetary value from an employer whose emp 6. Name and address of Employer (including trade na	oloyees your organizatio	7.a. Nature of Interest, Trans	seeking to represent.
Name	•		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street			
City			
State ZIP C	code + 4		

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

lue from a business (1) a wise dealing with the business vely seeking to represent, or directly to, or otherwise ation is interested.
9. Business deals with: a. Labor Organization b. Trust c. Employer
11.a. Nature of such dealing. happores Emplo, is S Cooperation + Education trus; Secures Player ts + Lobs, Increasing union Sector market share, Advertises their Services, durelops a workforce + advances shared market - selated interest 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 2-11-2004 Meals 12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name LAKIN LAW Firm	SCILIC Christmas Party
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 30/ EVANS AV-C	
City wood river	
State I	
13.b. Is the Business an Employer WS or Consultant?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9, Business deals with:	
Name		
Trade Name if any	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	(A)Employar	
Street	Employer	
City		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	1	
	12.b. Amount.	
C. Received from any employer (other than an employer covered un	Ider parts A and B above)	
C. Neceived from any employer (other than an employer covered un	ider parts A and b above)	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name LAKIN LAW FIRM	Received A Box of Steaks
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 30/ EVANS AV-C	
city woodriver 62095	
State I / ZIP Code + 4	
13.b. Is the Business an Employer $\sqrt{\ell}$ or Consultant?	14.b. Amount of payment, 4/43,00

Name of Person Filing Soha E Price	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Scother Illinois Inborers & Miployers Name Cooperation and Education trust Trade Name, if any: SILECET P.O. Box, Bldg., Room No., if any Street P.O. Box 1240 City Marion Ca95-9 State I/ ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: SILECET P.O. Box, Bldg., Room No., if any Street P.O. BOX 1240 City MARION State II 2959 ZIP Code + 4	11.a. Nature of such dealing. SILKCET Selvies Prosects + Sobs, increasing union Sector market share, Advertises their Services, develops a workforce their Services haved market related interest 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. PAS ticpated in Golf tournament at which SILKCET Paid the entry Fee			
	12.b. Amount. 12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

City

Name of Person Filing John E Price	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other of an employee whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Souther Illinois labouers Employers Name Cooperation and Education trust Trade Name, if any: SILLECET P.O. Box, Bldg., Room No., if any Street P.O. Box 1240 City Marion State I/ ZIP Code + 4	9. Business deals with: a. Labor Organization (b) Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: SILECET P.O. Box, Bldg., Room No., if any Street P.O. BOX 1240 City MARION State I/ ZIP Code + 4	11.a. Nature of such dealing. SILLECET SUCUTES PROSPETS + LOBS, INCTERSING Union Sector MARKET Share, Advertises their Services, develops a workforce + Advances shared market-related Interest
	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. PASTICPATED IN GOLF TOURNMENT NT Which SILLELET PAID
	the entry Fee 12.b. Amount. 12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

	or normany tabol relations consultant to a	in employer any paymen	it of mortey	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
	Name			
	Trade Name, if any:			
١	P.O. Box, Bldg., Room No., if any			
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	City			
	State	Z P Code + 4		
	13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name RATLCKT Trade Name, if any: RATLCKT P.O. Box, Bldg., Room No., if any Street I North old State Capital Plaza Soite City Spring Field State I/ ZIP Code + 4	9. Business deals with: a. Labor Organization 6. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name RAI/CLT Trade Name, if any: RAIACLT P.O. Box, Bldg., Room No., if any Street I North old State CAF: tolplaza Suit City Springfield State I/ ZIP Code + 4	11.a. Nature of such dealing. Provides Cooperation And Education to Union And Signatory Contractors 11.b. Approximate dolar value of such dealing. 12.a. Nature of interest hald or income received. 1-5-09 NRC Conference + AAILCET Mtg. Din 1-6-09 NRC Conference + AAILCET Mtg. Din 1-1804 Rec. pinen - tri-Fund Conference 10-17-04 Rhis Cht meeting - Dinner 12.b. Amount. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of paymert.

10. If 9.b. or 9.c. is checked give trust or employer's name.

11.a. Nature of such dealing.

City Spring Field

State I/ ZIP Code + 4

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1-2-7-04 beard of tension and -travel, lodge, ments

Reimburst Expenses # 836.65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b. Amount of payment. or Consultant ? 13.b. Is the Business an Employer

C. Received from any employer (oth or from any labor relations consultant to	ner than an employer covered of an employer any payment of mo	nder parts A and B abovs) ney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b, Amount of payment.

travel, lodge, meals

Azimburst Expenses

Name of Person Filing John E Price	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying and trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name that still Health and welfare find Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2205 w. WADASh Ave. Soite 211 City Spring Field State I/ ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. White Ad Maintance and Industrial Name Health and well fare fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Health and SAFety benefits to LIUNA Members
Street 2205 w. wabash Ave. Svite 211 City Springfield State I/ ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 4-12-13-2004 Board of trustee Mty- + Avel, lodge, Meals
	Reimburs + Kx Pensas 12.b. Amount. 123-05
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of money	der parts A and B above) ey or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	·
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

City

Name of Person Filling John E Kice	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Introduct Maintance And Name Introduction Health and Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2205 W. WADASh AVE. Suite all City Spring Fixld State I/ ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9 b. or 9 c. is checked give trust or employer's name. Name Hon/th andwell-Are fund Trade Name, if any:	11.a. Nature of such dealing. Provides Health and SAFety benefits to LIUNA members
P.O. Box, Bldg., Room No., if any Street 2205 w. wabash Ave. Suite 211 City Springfield State I/ ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 5-11-14-20-4 fri-fund Conference
	Reimburst Expenses 12.b. Amount. 1306.85
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	fer parts A and B above)
Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

Street

City

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
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13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

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Name of Person Filling John E Price	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or sealing or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name this road Maintance And Name thousand Henlith and welfine fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2205 w. WABASh AVE. Suite all City Spring Field State T/ ZIP Code ÷ 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Health and well fare fund Trade Name, If any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provides Health and SAFety benefits to LIUNA members	
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	Reimburst Expanses 12.b. Amount. \$350.28	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
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or Consultant

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13.b. Is the Business an Employer

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Name of Person Filling John E Price	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the dustriess vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name **LAUSHI'A MAINTHACE AND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2205 w. WADASh AVE, Suite all City Spring Field State I/ ZIP Code +4	9. Business deals with: a. Labor Organization b) Trust c. Employer
10. If 9.h. or 9.c. is checked give Irust or employer's name. Whilroad Maintance and Industrial Name Health and well Fare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2205 w. wabash ave, Suite 211 City Siring Field State I/ ZIP Code + 4	11.a. Nature of such dealing. Provides Health and SAFety benefits to LIUNA Members 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 5-5-2004 HAD Dinner At A Restorant
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mono 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any:	12.b. Amount. der parts A and B above) ey or other thing of value. 14.a. Nature of payment.
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or Consultant

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13.b. Is the Business an Employer

Street

City